

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) 09/787360	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							
2		1						
3	1							
4		3						
5		2						
6		2						
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8		2						
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10	1	2						
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TOTAL IND.	5	↓		↓		↓		↓
TOTAL DEP.	25	↓		↓		↓		↓
TOTAL CLAIMS	30							